U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



1. File Number U - 07075

riandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

2. Fiscal Year Covered From:

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name Keith Sklar L P.O. Box, Bldg., Room No., if any 15th floor Street 165 West 46th Street Street City New York	ns set forth in the instructions):					
P.O. Box, Bldg., Room No., if any 15th floor Street 165 West 46th Street City New York State New York ZIP Code + 4 10036-2500 5. Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse of (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or deriv	Labor Organization File Number 006-029 P.O. Box, Building and Room Number, if any 15th floor Street 165 West 46th Street City New York ZIP Code + 4 10036-2500 or minor child directly or indirectly had any of the following interests as set forth in the instructions):					
P.O. Box, Bldg., Room No., if any 15th floor Street 165 West 46th Street City New York State New York ZIP Code + 4 10036-2500 5. Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse of (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or derive	P.O. Box, Building and Room Number, if any 15th floor Street 165 West 46th Street City New York State New York ZIP Code + 4 10036-2500 or minor child directly or indirectly had any of the following interests as set forth in the instructions):					
Street 165 West 46th Street City New York State New York ZIP Code + 4 10036-2500 5. Position in labor organization. Business Representative Enter appropriate data below if, during the past fiscal year, you or your spouse of (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or derivents.	Street 165 West 46th Street City New York State New York ZIP Code + 4 10036-2500 or minor child directly or indirectly had any of the following interests as set forth in the instructions):					
City New York State New York ZIP Code + 4 10036-2500 5. Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse of (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or deriv	City New York State New York ZIP Code + 4 10036-2500 or minor child directly or indirectly had any of the following interests as set forth in the instructions):					
State New York ZIP Code + 4 10036-2500 5. Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse of (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or derivents.	State New York ZIP Code + 4 10036-2500 or minor child directly or indirectly had any of the following interests as set forth in the instructions):					
5. Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse of (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or deriv	or minor child directly or indirectly had any of the following interests as set forth in the instructions):					
Enter appropriate data below If, during the past fiscal year, you or your spouse of (except as specified in the exclusion) A. Held an interest in, engaged in transactions (including loans) with, or deriv	ns set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or deriv	ns set forth in the instructions):					
	a. Nature of Interest, Transaction, or Income.					
Trade Name, if any: b t	3/18/05: 2 Show Tickets* - "The Light in the Piazza" *This is an obligation per the collective pargaining agreement with the employer to determine the performance duties of our membership. This access is complimentary per industry standard.					
P.O. Box, Bldg., Room No., if any	b. Amount.					
Street 150 West 65th Street						
City New York	\$200					
State New York ZIP Code + 4 10023						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed	On 3/8/2006 (212)869-8530					
Signed	On 3/8/2006 (212)869-8530 Date Telephone Number					

Name of Person Filing Keith Sklar	File Number U- 070	75				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	Contract of the Contract and the Contrac					
	11.b. Approximate dollar value of such dealing.					
State ZIP Code + 4	12.a. Nature of interest held or income received.					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name	To American American					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
40 h Jaha Dusiasas an English at 1	14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant ?		ļ.				

Name of Person Filing	Keith	Sklar	File Number U-	07075
	**********	Dittat	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	07073

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose		
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Lincoln Center Theater	10/7/05: 2 Show Tickets* - "Third"		
\$ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*This is an obligation per the collective		
Trade Name, if any:	bargaining agreement with the employer to determine the performance duties of our membership. This		
	access is complimentary per industry standard.		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 150 West 65th Street			
Ciby	\$150		
City New York	hyd standfundigens happigensymmed fyrinn maeg gast afant han e tans en mae a con		
State New York ZIP Code + 4 10023			
E contraction of the contraction			
A Hold on interest in appared in transportions (including learned with an derived			
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose		
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Lincoln Center Theater	11/2/05: Show Ticket* - "Seascape"		
Name Bilicoli Celicel Ineacel	*This is an obligation per the collective		
Trade Name, if any:	bargaining agreement with the employer to determine		
	the performance duties of our membership. This access is complimentary per industry standard.		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 150 West 65th Street			
	40.00		
City New York	\$100		
State New York ZIP Code + 4 10023			
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose		
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.		
or Hamo and address of Employer (molading trade figure it ally).			
Name			
Trade Name, if any:			
trade Name, It any.			
D.O. Dov. Dida. Doom No. If any			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	r.o. randura.		
	g		
City			
· · · · · · · · · · · · · · · · · · ·	No. 10 10 10 10 10 10 10 10 10 10 10 10 10		
State ZIP Code + 4			